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For action

Country programme recommendation**

Islamic Republic of Iran

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session in January 1999 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of the Islamic Republic of Iran for the period 2000 to 2004 in the amount of $9,722,000 from general resources, subject to the availability of funds, and $2,500,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* E/ICEF/1999/15

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of 1998. They will be contained in the "Summary of 1999 recommendations for general resources and supplementary funding programmes" (E/ICEF/1999/P/L.16).

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The situation of children and women

1. With strong political commitment, well-trained staff and a wide-reaching infrastructure, the Islamic Republic of Iran has achieved all of the World Summit for Children goals for 2000, except that of reducing malnutrition by one half. Immunization coverage, primary school enrolment and coverage with safe drinking water and sanitary latrines are over 90 per cent. Access to health services and education facilities is almost universal. Over 85 per cent of births are attended by trained birth attendants in a health facility. The Government has been successful in achieving near universal use of iodized salt at the household level. Although the country has one of the most comprehensive laws to protect and promote breastfeeding and almost 80 per cent of all hospitals are baby-friendly, the exclusive breastfeeding rate remains at around 65 per cent.

2. The 1998 multiple indicator cluster survey (MICS), undertaken by the Ministry of Health and Medical Education and UNICEF, has shown, however, that disparities continue between provinces, rural and urban areas, and genders, and they need to be addressed to ensure transition from goals (coverage of most) to rights (coverage of all). The Ministry of Education has been successful in enrolling almost 97 per cent of children in primary schools at the national level. Of those not enrolled, four times more children reside in rural than urban areas, and twice as many girls as boys are out of school.

3. The Government is committed to strengthening the social sector, but because of the prevailing economic situation, investments are declining. Part of this decline is covered through cost-recovery strategies. UNICEF inputs are too limited to be used to expand services and, instead, can be best used to strengthen capacity and advocate for the introduction and testing of newer ideas and methodologies to improve programme effectiveness.

4. Limited data are available on the problems of street children, children in conflict with the law and abused children. The Islamic Republic of Iran does not have separate laws to deal with juveniles, but has begun a review of its laws affecting the family, women and children. While there are support mechanisms for the care of the disabled, efforts to mainstream them into society need further strengthening. Children with disability have access to basic rehabilitative services throughout the country. However, at times they are treated as a separate group and not always involved in mainstream activities for children and youth.

5. There are around 1.5 million Afghans and Iraqis living in the Islamic Republic of Iran. The Government has provided refuge for them for more than 17 years, but the situation of some of those living outside the refugee camps needs further attention. Most of the refugees from Afghanistan and Iraq do not live in camps and, therefore, are often not registered. This limits their ability to fully utilize the government social services made available to them, making them more vulnerable to exploitation.

Programme cooperation, 1998–1999

6. The short-duration programme initiated in 1998 contributed to maintaining high immunization coverage. It also supported the achievement of near universal salt iodization, the results of which are already being seen through higher urinary iodine levels in the general population. In the area of education, a protocol was developed for the assessment of basic competencies, and a national survey was implemented to evaluate learning achievements. Through various studies and action-oriented research, which provided a solid basis for advocacy and policy inputs, the programme has been instrumental in putting children high on the national agenda. For example, national awareness was raised on child protection issues, and a review of the juvenile justice system has been started. Another example is the preventive approach, which has been adopted to address the lack of improvement in the nutritional status of the country's children; accordingly, malnutrition interventions will focus on children under two years of age and pregnant and breastfeeding women. The 1998-1999 period also saw the gradual transition of the country programme from goals-based to rights-based programming. An important step in this direction was implementation of a subnational survey (MICS) that collected data disaggregated by gender and population groups. UNICEF support to this initiative has helped to draw attention to the disparities between different areas and population groups in the country, and the importance of disparity reduction is now recognized.

7. New alliances and partnerships have been established with the private sector, which is increasingly promoting children's rights through promotional campaigns; with the Ministry of Justice and the Disciplinary Forces (police) in strengthening the juvenile justice system; and with municipalities in creating learning and play opportunities for children and youth. Media campaigns on responsible parenthood offer parents information that helps them to ensure the rights of their children. UNICEF participates in

inter-agency activities, including with the Joint and Co-sponsored United Nations Programme on HIV/AIDS and in the search for a United Nations House. Although the Islamic Republic of Iran is not one of the pilot countries for the United Nations Development Assistance Framework (UNDAF), United Nations agencies are working together in a manner that could facilitate its transition to an UNDAF country.

8. Management excellence initiatives during the programme cycle included a series of automation processes that reduce the use of paper. UNICEF also recycles all used paper. It has converted two of its vehicles to use liquid petroleum gas as their main fuel, which both protects the environment and has reduced fuel costs for the two vehicles from $20 per week to $20 per year. Since January 1999, UNICEF Teheran has been using the Programme Manager System (PROMS).

Lessons learned

9. The health system has excellent experience of working with volunteers in national immunization days (NIDs) for polio eradication. With increasing stress on its budgets and resources, and especially with small pockets of disparity now emerging because of successful national programmes, the Government should identify and involve non-governmental organizations (NGOs) to work in these deprived areas.

10. The success of the programme for iodine deficiency disorders has demonstrated the capacity of the government system and the benefits of intersectoral cooperation. It has also demonstrated the ability of the Government and the private sector to work together for the best interests of the population. These experiences can now be used for the design and implementation of almost all programmes.

11. Development workers do not often raise issues deemed to be sensitive or controversial. Work on child abuse, street children and other child protection issues has shown that the Government is willing to listen and act on such issues if they are raised in their proper perspective and in a constructive manner. Development partners feel that the effectiveness of UNICEF in the country stems from its ability to bring new ideas and innovations into the programmes (urban health volunteers, NIDs), and support them with its limited resources and ability to involve many partners.

Programme preparation process

12. Preparation of the country programme involved over 600 government representatives (with the participation of counterparts for health, education, welfare and rural development, as well as the police, the justice department, municipal corporations, the Ministry of the Interior, information media and broadcasting, etc.), NGOs, bilateral donors and agencies, multilateral agencies, the private sector, academicians and the prospective programme beneficiaries and partners - children and women. This was accomplished by organizing a series of "listening sessions", meetings and seminars that used participatory methodologies and involved children with speech, hearing, visual and motor disabilities; children in conflict with the law; street children; child and women victims of domestic violence; and women who head households.

Programme objectives and strategies

13. The proposed country programme aims to support government efforts to implement fully the Convention on the Rights of the Child. It aims to contribute to: (a) reducing the prevalence of malnutrition in children under three years of age from 16 to 8 per cent; (b) reducing by one third gender and location disparities for the health and education indicators for which the decade goals have been achieved; (c) increasing basic competencies in education at 11 years of age by at least 10 per cent; (d) improving the efficiency and quality of health services, especially in the most deprived provinces of the country; (e) protecting the rights of children in need of special protection; (f) promoting the participation rights of children with disabilities; and (g) promoting ratification of the Convention on the Elimination of All Forms of Discrimination against Women.

Prevention of malnutrition

14. The objective of the programme is to support the Government to: (a) reduce by one half (from 16 to 8 per cent) the prevalence of malnutrition in children under three years of age; and (b) reduce the incidence of micronutrient deficiencies in children through specific interventions at national and policy levels, and support to time-bound initiatives. This will be achieved through two projects.

Recommended programme cooperation, 2000–2004

General resources: $9,722,000
Supplementary funding: $2,500,000

Recommended programme cooperation[a]

In thousands of United States dollars

	General resources	*Supplementary funds*	*Total*
Prevention of malnutrition	1 925	500	2 425
Disparity reduction	1 650	500	2 150
Improving the quality of services	1 550	500	2 050
Children in need of special protection	1 750	500	2 250
Promotion and monitoring the Convention on the Rights of the Child	2 000	500	2 500
Cross-sectoral costs	847	–	847
Total	9 722	2 500	12 222

[a] The breakdown for estimated yearly expenditures is given in table 3.

15. The first project, for the prevention of malnutrition, builds on existing, almost universal contacts between the health care system and children in the early years of life. While food and health issues are adequately addressed in most of the country, caring has been addressed only through nutrition education and the promotion of breastfeeding. UNICEF will support the Ministry of Health and Medical Education to strengthen the capacity of health workers and caretakers to promote cognitive development, provide cognitive stimulation and promote the psychosocial development of the child during each health and weighing contact with the child. A calendar of monthly activities will be developed for this purpose, and technical and material support will be provided to make this monthly contact more meaningful and holistic for children under three years of age.

16. UNICEF will support the design of area-specific, interpersonal communication material for use by health workers. This will be achieved in close collaboration with professional training institutes and trainers from within the country and with trainers from bilateral projects that have implemented such programmes in other countries. UNICEF will also disseminate this information through mass media (television, radio, press) and the introduction of life skills development modules in training courses run by other government ministries and departments such as the Welfare Organization, the Ministry of Rural Development and Reconstruction (*Jehad*), the Ministry of Agriculture, the Literacy Movement Organization and the Imdad Foundation.

17. UNICEF will help to develop communication campaigns, based on knowledge, attitude and practice (KAP) approaches, for the promotion of exclusive breastfeeding. UNICEF will also support the assessment and certification of baby-friendly facilities, and policy monitoring to ensure that the progressive policy of the Government in this area is not eroded.

18. The second project will focus on the prevention of micronutrient deficiencies. To help identify sustainable ways of preventing anaemia, UNICEF will work closely with the Ministry of Health and the Micronutrient Initiative to study the feasibility and impact of iron fortification of food items. UNICEF support will include technical assistance, exchange of information and experiences, and support to time-bound pilot projects. UNICEF will work closely with the Ministry of Health and Medical Education on assessing the prevalence of vitamin A deficiency in the country, after which targets for the reduction of vitamin A deficiency will be set. UNICEF will continue to support the monitoring of the use of iodized salt at the household level.

Disparity reduction

19. The objective of this programme is to reduce by one third the disparities in the coverage of health and education programmes in the provinces of Sestan and Baluchestan, Hormozgan, West Azarbaijan, Kerman and Ardebil. This objective will be achieved through two projects.

20. Through the project on disparities in education, UNICEF will work closely with the Literacy Movement Organization to establish classrooms for girls in rural areas who are not enrolled in primary schools because of their age, distance to the school or a lack of schools, or for girls who cannot go to school during regular hours because they have to earn a living. UNICEF input will include the establishment costs (rental of premises, procurement of tents, etc.), the training of teachers, and the development of learning materials for use in these classrooms or as supplementary readers. UNICEF will provide technical expertise and support exchange and sharing of information on successful projects. The classes for girls in the remote areas will be used to promote life skills competency development in women aged 15–44 years old. UNICEF will support the *Jehad* to establish extension centres as distance education centres, including the training of trainers, the development of relevant materials and the equipping of extension libraries.

21. To address the disparities in health, UNICEF will support the Ministry of Health and Medical Education in developing district-specific disparity reduction plans for the most deprived districts in the five neediest provinces. The training of health volunteers and health workers will be supported in these areas. These districts will be included in the pilot phase of the UNICEF-supported project on improving the quality of health services. UNICEF will also support the introduction of special participatory monitoring and supervision methodologies in these districts.

22. In these five provinces, UNICEF, together with the World Health Organization, will also support the Ministry and the programme on the Integrated Management of Childhood Illness, especially in the training of primary health care (PHC) workers at the grass-roots level. UNICEF will support the development of training modules on safe motherhood for inclusion in the extension classes (classes run by the *Jehad*, the Literacy Movement Organization and the Welfare Organization) for adolescent girls and women. In the remote areas in the five neediest provinces, UNICEF will support the Government and NGOs to implement activities that help to organize communities, increase their awareness regarding available services and strengthen their capacities to make use of these services.

Quality of services

23. The objective of this programme is to support activities to improve the quality of health and education services in the country. This objective will be achieved through two projects.

24. The Islamic Republic of Iran has one of the most detailed reporting systems for health activities in the region. However, it also consumes a significant amount of staff time, and the volume of information collected often makes it difficult to provide timely feedback or take timely corrective action. This activity builds on the work done in the previous programme cycle. Through the project on the quality of health services, UNICEF will continue to support Keraj province in developing a comprehensive health information system and in limited, phased replication of successful experiences from this province. UNICEF will provide technical inputs and support for exchange of experiences and information from successful projects in other countries.

25. UNICEF will work closely with the Ministry of Health and Medical Education and the private sector to develop a participatory methodology for developing criteria for "quality health care" and to assess the quality of existing public and private health services. In three provinces, UNICEF will provide technical support to the Ministry to develop the necessary capacity in the health system to meet the expected quality standards on a pilot basis. With the increasing emphasis on cost-recovery for health care, the role of health insurance schemes becomes critical to ensure the protection of the rights of children and families to adequate health care. In the five neediest provinces, and in a phased manner, UNICEF will work closely with the Ministries of Health and Education and Rural Development and Reconstruction, the Welfare Organization, the Ministry of Agriculture, the Literacy Movement Organization and the Imdad Foundation to identify households not yet covered under any insurance scheme and to advocate for their enrolment in the Health Insurance Scheme.

26. The objective of the project to improve the quality of education is to strengthen the learning methodologies and capacities of children. UNICEF will support the efforts of the Ministry of Education by identifying participatory teaching and learning methodologies. UNICEF support will include organizing training of trainers courses and support the local development of necessary teaching aids and materials. UNICEF will also support the Ministry of

Education in developing national criteria for basic minimum competency of students by the time they reach 11 years old, and a protocol and methodology for the assessment of these criteria, its field testing and then phased implementation in the whole country.

27. Focus group interviews with youth have indicated that they want their parents to better understand them and their learning needs. Existing mechanisms such as parent-teacher associations will be strengthened to increase the involvement of students and parents in making the school a better environment for learning. UNICEF will support the Ministry of Education in identifying participatory methodologies through exchange of experiences, support for the training of trainers and support to pilot projects in selected schools in the country. UNICEF will also support the Ministry in developing materials and methods necessary to take these experiences to scale. UNICEF will work with the United Nations Population Fund (UNFPA) on this activity.

Children in need of special protection

28. The objective of this programme is to support the establishment of social, economic and legal safety nets for children in need of special protection. This will be achieved through three projects.

29. Through a project on the juvenile justice system, UNICEF will support the Justice Department in its efforts to review existing laws, and to make available technical support and information and opportunities for exchange of experiences with other countries. UNICEF will also support advocacy efforts with the *Majlis* (National Assembly) for bringing about revisions, where necessary, in existing laws.

30. Under the project on children with disabilities, UNICEF will work closely with the Welfare Organization and NGOs to promote the integration of children with disabilities in all mainstream youth activities. UNICEF will support the Ministry of Education to pilot inclusive education programmes in selected schools. It will also support the translation of selected materials into Braille and sign language, as well as the exchange of information and experiences with other countries that have run successful, community-based rehabilitation and integration programmes.

31. Working closely with Iran Information and Broadcasting, the Welfare Organization and NGOs, UNICEF will support the presentation of case studies that reflect on the "abilities" of the disabled. Technical support will be provided to the Ministry of Education to strengthen and expand its pre-school screening programme to the five neediest provinces in the country.

32. A project for other groups needing special protection, for victims of child abuse and domestic violence, and street children, will involve UNICEF support for the Welfare Organization and NGOs in setting up emergency telephone help-lines which can be used by both children in need and their parents, who need advice on how to deal with children with behavioural problems. UNICEF will also support the training of counsellors for these help-lines in alternative methods of discipline.

33. UNICEF will advocate for the mandatory reporting of all suspected child abuse cases encountered in the health and education sectors and will support the training of health workers (doctors and PHC workers) and school teachers in the identification of child abuse. Technical support will be given to the Welfare Organization and NGOs to set up a unified database and monitoring system for children in need of special protection.

34. UNICEF will work closely with the Office of the United Nations High Commissioner for Refugees, the World Food Programme and the Ministries of the Interior, Health, Education and Foreign Affairs to identify mechanisms for improving the living and education conditions of these population groups. UNICEF will also work closely with NGOs already working with these groups, providing material and methodological support in the areas of health, environmental sanitation, education and awareness of the Convention on the Rights of the Child to strengthen their activities.

Promotion and monitoring of the Convention on the Rights of the Child

35. The objectives of this programme are to: (a) ensure awareness of the Convention among 70 per cent of the population; and (b) support the Government and other agencies and institutions to monitor implementation of the Convention.

36. With the media reaching over 80 per cent of the population, combined with the well-targeted reach of *Boniyads* (foundations) and some government extension workers, it is possible to reach all 12 million households in the Islamic Republic of Iran and to help create behaviours in families that reduce disparities and violations of children's rights within the household, including domestic violence and child abuse and neglect. UNICEF will work closely with Iran Information and Broadcasting and private sector market

research and advertising companies to develop a communication strategy to reach households in the country with the objective of creating "responsible parenthood". UNICEF will support market research, the development of materials and a media campaign for the use of mass media. UNICEF will support the development of core materials which can be used for interpersonal communication by workers of the Ministry of Rural Development and Reconstruction, institutions and *Boniyads* such as the Imdad Foundation and the Welfare Organization, with households in the five provinces with the least access to mass media.

37. To respond to the concerns of its development partners in the country programming process, UNICEF will support the establishment of a knowledge and resource centre on issues related to children and women. This centre will provide access to information, methodologies, resource databases and programme experiences on issues related to children and women from all over the world. Researchers, policy makers, academicians, members of civil society and students will be able to use the centre for their information and research needs. It will also be a place where seminars, discussions and debates on issues related to children and women can take place on a regular basis. UNICEF will support the establishment up of such a knowledge and resource centre, first as an extension of its own services in the country and then, based on experience, as an autonomous centre.

38. To strengthen the participation component in all aspects of programme design, implementation, management, monitoring and evaluation, UNICEF will support the identification and introduction of successful methodologies being used in different parts of the world. It will work closely with training institutes of various government agencies as well as with the private sector. UNICEF will also support the development of core training materials on the Convention on the Rights of the Child for use by these institutes.

39. UNICEF will create a partnership for children through working with a broad range of artists, media personalities, athletes, professional workers, religious groups, government corporations and the private sector. These individuals and institutions will contribute a small portion of their time and resources to promote awareness of and actions relating to children's rights. One example is the free display of messages on children's rights at airports and other public spaces. UNICEF will work closely with the umbrella groups (such as the advertising syndicate, graphic artists association, etc.) to develop a plan of action for their membership. UNICEF will also support the development of standard messages and themes to be used in all these activities to ensure consistency and appropriateness of the content.

40. Gender issues are cross-cutting through all programme activities. The programmes for improving the quality of services and disparity reduction focus on the participation of girls and women in the five neediest provinces. Community organization and life skills development activities focus largely on girls and women. In addition, UNICEF will advocate for ratification of the Convention on the Elimination of All Forms of Discrimination against Women. UNICEF support will include translation of relevant documents and their targeted dissemination to those involved in the discussions, and the review of existing laws and their relationship to the provisions of that Convention. As necessary, UNICEF will support government sectors in organizing seminars and discussion groups on this issue. UNICEF will also ensure the active participation of women, gender analysis of all programme documents and plans of actions, and gender-disaggregated data collection for all the programmes that it supports.

Monitoring and evaluation

41. In accordance with the integrated monitoring and evaluation plan developed by the country office, UNICEF will support special surveys (such as demographic and household surveys, MICS and assessments of basic competencies) and research studies to assess and monitor the situation of target groups. Through research institutions and universities, UNICEF will also support the regular monitoring of policies that have an impact on women and children. Indicators have been identified to monitor implementation of each project. Twice during the programme cycle (at the time of the mid-term review (MTR) and before the preparation of the new programme), project evaluations will measure the impact of the programme. KAP surveys will measure the impact of activities in "responsible parenthood" and promoting awareness of the Convention on the Rights of the Child. UNICEF will work closely with the Statistical Centre of Iran and various ministries to identify and introduce new participatory survey and evaluation methodologies. It will also work closely with UNFPA on this activity.

Programme management

42. The Government of the Islamic Republic of Iran has the overall responsibility for programme implementation.

UNICEF will also work closely with NGOs and academic institutions, research bodies and experts to strengthen programme implementation. The Ministry of Health and Medical Education will coordinate overall assistance to the Government through annual programme review meetings, the MTR and other sectoral review mechanisms. UNICEF will monitor programme progress through regular field visits. UNICEF will be responsible for the financial management of the programme.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Iran	(1997 and earlier years)		UNICEF country classification
Under-five mortality rate	35	(1997)	Middle U5MR
Infant mortality rate	32	(1997)	Middle IMR
GNP per capita	$ 1780	(1997)	Lower middle GNP
Total population	64.6 million	(1997)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1997
Births	(thousands)	1272	1826	1972	1422
Infant deaths (under 1)	(thousands)	169	158	97	46
Under-five deaths	(thousands)	264	230	116	50
Under-five mortality rate (per 1,000 live births)		208	126	59	35
Infant mortality rate (under 1) (per 1,000 live births)		133	87	49	32

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1995)	Moderate & severe	43	16
	Severe	..	3
Babies with low birth weight (%,1979/1996)		14	10
Primary school children reaching grade 5 (%, 1982/1993)		83	90

NUTRITION INDICATORS	About 1980	Most recent
Exclusive breast-feeding rate (<4 mos.)(%, 1997)	..	66
Timely complementary feeding rate (6-9 mos.)	..	..
Continued breast-feeding rate (20-23 mos.) (%, 1997)	..	41
Prevalence of wasting (0-59 mos.) (%, 1980/1995)	50	7
Prevalence of stunting (0-59 mos.) (%, 1980/1995)	13	19
Total goitre rate (1989)	..	30
Household comsuming iodized salt (%, 1997)	..	94

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1995)		..	37
Routine EPI vaccines financed by government (%, 1997)		..	100
Access to safe water	Total	..	90
(% of population, 1995)	Urban/rural	.. / ..	98 / 82
Access to adequate sanitation	Total	..	81
(% of population, 1995)	Urban/rural	.. / ..	86 / 74
Births attended by trained personnel (%, 1988/1997)		70	86
Maternal mortality rate (per 100,000 live births, 1996)		..	37

Immunization		1981	1985	1990	1997
One-year-olds (%) immunized against:	Tuberculosis	6	64	95	99
	DPT	29	51	93	97
	Polio	47	51	92	97
	Measles	48	51	83	96
Pregnant women (%) immunized against:	Tetanus	2	23	50	76

TABLE 1 (continued)

Iran

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1985/1996)	Total	96 / 79	90 / 82
	Male	105 / 85	92 / 83
	Female	85 / 72	87 / 81
Secondary enrolment ratio (gross/net) (%, 1985/1996)	Total	44 / ..	74 / 69
	Male	52 / ..	79 / 72
	Female	35 / ..	69 / 65
Adult literacy rate, 15 years & older (%, 1985/1995)	Total	51	71
	Male/female	62 / 39	79 / 63
Radio/television sets (per 1,000 population, 1980/1996)		163 / 51	237 / 64

DEMOGRAPHIC INDICATORS		1970	1980	1990	1997	2000
Total population	(thousands)	28429	39254	56309	64628	67702
Population aged 0-17 years	(thousands)	14959	20243	29159	30561	29711
Population aged 0-4 years	(thousands)	5162	7042	9770	7609	6829
Urban population (% of total)		41.9	49.6	56.3	60.0	61.6
Life expectancy at birth (years)	Total	55	60	66	69	70
	Male	55	59	65	68	69
	Female	54	61	67	70	71
Total fertility rate		6.8	6.7	4.9	2.9	2.6
Crude birth rate (per 1,000 population)		45	47	35	22	21
Crude death rate (per 1,000 population)		16	11	7	6	5

		About 1980	Most recent
Contraceptive prevalence rate (%, 1978/1996)		23a/	73
Population annual growth rate (%, 1970-1990/1990-1997)	Total	3.7	2.7
	Urban	5.1	3.6

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1990-1996)		2 9	1.0
Inflation rate (%, 1965-80/1990-1996)		16	32
Population below $1 a day (%,)		..	..
Household income share (%,)	Top 20%/bottom 40%	.. / ..	.. / ..
Government expenditure (% of total expenditure, 1980/1997)	Health/education	6 / 21	6 / 15
	Defence	16	8
Household expenditure (% share of total, 1980 or 1985)	Health/education	6 / 5	.. / ..
Official development assistance: (1980/1997)	$US millions	31	196
	As % of GNP	..	0
Debt service (% of goods and services exports(1980/1995)		7	28

a/ indicates data that differ from the standard definition or refer to only part of a country.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1998 a/

COUNTRY: ISLAMIC REPUBLIC OF IRAN
LATEST BOARD APPROVAL: 1998
GENERAL RESOURCES: $3,119,000.00

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources b/		SF		Total (GR & SF)	
	GR b/	FSF	GR b/	FSF	GR b/	FSF	GR b/	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	55		12				52		119	480			119	480
Nutrition	20						78		98	270		400	98	670
Education	5				128		80		213	630			213	630
Social mobilization and advocacy	100	5			1		339	18	440	560	23	200	463	760
Monitoring of child indicators	88		2	9			179	10	269	599	19		288	599
Cross-sectoral costs	71		20		4		211		306	300			306	300
Integrated area-based programme							78	31	78	280	31	400	109	680
GRAND TOTAL	339	5	34	9	133	0	1,017	59	1,523	3,119 c/	73	1,000	1,596	4,119

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.
a/ Actual expenditure includes expenditure recorded as at closure 15, 31 December 1998.
b/ Actual GR expenditure includes allocations from global funds.
c/ Includes $419,000.00 (E/ICEF/1998/P/L.34) for 1999 additional general resources.

TABLE 3

PLANNED YEARLY EXPENDITURES

COUNTRY: IRAN
PROGRAMME CYCLE : 2000-2004

	FUND	2000	2001	2002	2003	2004	TOTAL
PREVENTION OF MALNUTRITION	GR	385,000	385,000	385,000	385,000	385,000	1,925,000
	FSF						
	NSF	100,000	100,000	100,000	100,000	100,000	500,000
	TOTAL	485,000	485,000	485,000	485,000	485,000	2,425,000
DISPARITY REDUCTION	GR	330,000	330,000	330,000	330,000	330,000	1,650,000
	FSF						
	NSF	100,000	100,000	100,000	100,000	100,000	500,000
	TOTAL	430,000	430,000	430,000	430,000	430,000	2,150,000
QUALITY OF SERVICES	GR	310,000	310,000	310,000	310,000	310,000	1,550,000
	FSF						
	NSF	100,000	100,000	100,000	100,000	100,000	500,000
	TOTAL	410,000	410,000	410,000	410,000	410,000	2,050,000
CHILDREN IN NEED OF SPECIAL PROTECT	GR	350,000	350,000	350,000	350,000	350,000	1,750,000
	FSF						
	NSF	100,000	100,000	100,000	100,000	100,000	500,000
	TOTAL	450,000	450,000	450,000	450,000	450,000	2,250,000
PROMOTION AND MONITORING OF CRC	GR	400,000	400,000	400,000	400,000	400,000	2,000,000
	FSF						
	NSF	100,000	100,000	100,000	100,000	100,000	500,000
	TOTAL	500,000	500,000	500,000	500,000	500,000	2,500,000
CROSS-SECTORAL COSTS	GR	165,000	165,000	167,000	171,000	179,000	847,000
	FSF						
	NSF						
	TOTAL	165,000	165,000	167,000	171,000	179,000	847,000
TOTAL, PROGRAMME BUDGET	GR	1,940,000	1,940,000	1,942,000	1,946,000	1,954,000	9,722,000
	FSF						
	NSF	500,000	500,000	500,000	500,000	500,000	2,500,000
	TOTAL	2,440,000	2,440,000	2,442,000	2,446,000	2,454,000	12,222,000
STAFF COSTS a/		350,897	366,086	398,596	416,817	454,814	1,987,210
GENERAL OPERATING COSTS		173,000	169,500	169,500	169,500	169,500	851,000
TOTAL, ESTIMATE SUPPORT BUDGET		523,897	535,586	568,096	586,317	624,314	2,838,210
GRAND TOTAL		2,963,897	2,975,586	3,010,096	3,032,317	3,078,314	15,060,210

GR = general resources.
FSF = funded supplementary funding.
NSF = new supplementary funding.

a/ Including consultants and temporary assistance.

E/ICEF/1999/P/L.11/Add.1

TABLE 4

COUNTRY : IRAN
PROGRAME : 2000-2004

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET				POSTS a/										STAFF COSTS b/		
	GR	FSF	NSF	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
GENERAL RESOURCES :																	
PREVENTION OF MALNUTRITION	1,925,000			1,925,000	0	0	0	0	0	0	0	1	0	1	0	224,047	224,047
DISPARITY REDUCTION	1,650,000			1,650,000	0	0	0	0	0	0	0	1	0	1	0	168,418	168,418
QUALITY OF SERVICES	1,550,000			1,550,000	0	0	0	1	0	0	1	1	0	2	860,184	158,045	1,018,229
CHILDREN IN NEED OF SPECIAL PROTEC	1,750,000			1,750,000	0	0	0	0	0	0	0	2	0	2	0	280,466	280,466
PROMOTION AND MONITORING OF CRC	2,000,000			2,000,000	0	0	0	0	0	0	0	1	0	1	0	168,418	168,418
CROSS-SECTORAL COSTS	847,000			847,000	0	0	0	0	0	0	0	0	6	6	0	436,766	436,766
TOTAL GR	9,722,000			9,722,000	0	0	0	1	0	0	1	6	6	13	860,184	1,436,160	2,296,344
SUPPLEMENTARY FUNDING :																	
PREVENTION OF MALNUTRITION		0	500,000	500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
DISPARITY REDUCTION		0	500,000	500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
QUALITY OF SERVICES		0	500,000	500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
CHILDREN IN NEED OF SPECIAL PROTEC		0	500,000	500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
PROMOTION AND MONITORING OF CRC		0	500,000	500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SF		0	2,500,000	2,500,000	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL GR & SF	9,722,000	0	2,500,000	12,222,000	0	0	0	1	0	0	1	6	6	13	860,184	1,436,160	2,296,344
SUPPORT BUDGET		Operating costs Staffing		851,000	0	0	1	0	0	0	1	2	5	8	985,184	1,002,026	1,987,210
GRAND TOTAL (GR + SF + SB)					0	0	1	1	0	0	2	8	11	21	1,845,368	2,438,186	4,283,554
Number of posts and staff costs: Current programme cycle											2	7	12	21			
At the end of proposed programme cycle (indicative only)											2	8	11	21	1,845,368	2,438,186	4,283,554

GR = general resources.
SF = supplementary funding.
FSF = funded supplementary funding.
NSF = new supplementary funding.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.